

DISTRIBUTORSHIP APPLICATION/APPOINTMENT FORM

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passport size
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here*

SECTION A

Distributorship Application (tick as appropriate)

Trade (Bulk) Trade (Retail) Trade (Retail & Trade) Export

What area/state/country do you intend to cover as a distributor?

SECTION B

Applicant's Details:

Full Names (surname first)

Date of Birth: Gender: Male Female

State of Origin LGA:

Phone number(s):

BBM Pin/WhatsApp no: Email Address

Residential Address

Next of Kin

Relationship Phone no:

Contact Address of Next of kin

NOTE: Applicants should attach an application letter on company's letterhead, copy of CAC certificate

SECTION C

Business Details:

Business/Company Name:

Nature of Business CAC Reg. No:

Business Address:

No. of Outlets/locations Years of Experience Warehouse/Store Addresses

Tel. No(s):

Redistribution Details/Plans (if any)

(Provide details)

Do you do business with another Company in the Dangote Family? Yes No

If yes, please list them/products

Do you have wholesaler/sub-distributors/customers? Yes No

What areas (Country /State) do they cover? (please list in order of importance)

What is your annual turnover: ₦

What is your expected minimum turnover per month for sugar ₦

SECTION D

FOR OFFICIAL USE ONLY (Confirmation of Documents)

(a) Application Letter

(b) Duly Completed Form

(c) Copy of CAC certificate

Report of Visitation

Date of Visit: Confirmation of warehouse/shop/store

Other Details (staff strength, vehicles etc)

Visiting Officers Comments/Recommendations

Officer's Name & Signature Date:

Head of Region's Recommendation

Management's Authorization/Approval

Signature: Date:

SECTION E

Credit Status

Major Bankers: Bank Branch

How long has the account been operating? Does the customer have any facilities?

If yes, how much?

Bank Stamp/Signature of Bank Officer Date

This is to certify that the above named business operates a corporate and/or personal account with the bank. Bank reference letter also required)

OTHER REFERENCES

1st Referee

Full Names (surname first):

Address:

Occupation:

Phone No:

2nd Referee

Full Names (surname first):

Address:

Occupation:

Phone No:

(Please note, all information provided in this application will be treated as confidential but we reserve the right to carryout credit and other checks in respect of the details you have provided herein)